

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

ond to a collection of information	Olinoso it english
Application Number	
Filing Date	
	James P. VanLaeken
Title Clematis P1	ant Named 'Sprinkles
Group Art Unit	
Examiner Name	0.7
Attorney Docket Number	36-01-P10F

I hereby appoint: Practitioners at Cus OR] 	Place Customer Number Bar Code Label here			
X Practitioner(s) name		Registr	ation Number			
	Name					
Fred L. D	enson	24,325				
as my/our attorney(s) or a business in the United Sta	gent(s) to prosecute the application is	dentified above nnected therew tified application	, and to transact all ith. on to:			
Please change the corres The above-mentione	pondence address for the above-iden d Customer Number.		Place Customer			
OR Practitioners at Custo OR	omer Number		Number Bar Code Label here			
Firm or	Fred L. Denson, Attor	ney				
X Individual Name	14 East Main Street					
Address	D. O. Pox 901					
Address	Webster	State NY	Zip 14580			
City	USA					
Country	(716) 265-2710	Fax (716) 265-2711			
Telephone	()					
I am the: X Applicant/Invento						
Assignee of reco	ord of the entire interest. See 37 CFR r 37 CFR 3.73(b) is enclosed. (Form					
	SIGNATURE of Applicant or Assi	gnee of Record				
Name Jam	es P. VanLaeken					
Signature	1/01					
Signature	$\frac{1}{0}$ 1 antors or assignees of record of the entire interests required, see below*.	est or their repres	entative(s) are required. Submit multip			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Type a plus sign (+) inside this box

+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

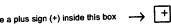
U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of Commerce

U.S. Patent and Trademark Office; U.S. Department of U.S. Patent and U.S. Patent Attomey Docket Number

				7 (11017117)							1
F	LANT P	ATENI	0 464)	Cinch No	mod Inventor		James	Ρ.	VanL	aek	en
APPLIC	ATION (First Named Inventor Dames F. COMPLETE IF KNOWN									
	DECLAR	ATION		COM ELIZA					ì		
	(37 CFR	t 1.63)		Applica	tion Number						
	-	— Dool	aration							_	
Declaration		Subr	mitted after Initial	Filing C	ate	├─					
Submitted with Initial	. OR	Filing	ng (surcharge	Group	Art Unit						
Filing	•	•	CFR 1.16 (e))								
		requ	ired)	Examir	ner Name						
			de cloro that								
s a below nar	ned inventor	r, I nereby	declare that:								
ly residence, r	nailing addres	ss, and citi	zenship are as state	ed below n	axt to my mame.			11-1-4	imunator	(if phu	ral
	terine at 1 firm	at and eals	e inventor (if only on d distinct variety of:	e name is i	isted below) or a	an ori	iginal, first ar	na joint	IUAGUIO	(ii þidi	
lames are liste	d below) or c										1
	<u>-</u>								•		
CLE	EMATIS										1
			CDD	INKLE	S						
plant named:			SPR	TIVET:	J						
			t actort is squart th	ne specifica	tion of which				_		
which is claim	ed and for wh	iich a pian	t patent is sought, th	no operan							United States
[v] :#00	hed hereto	~ []	was filed on (MM	/DD/YYYY)					as	Office Craics
X is attac	Hed Hereto	ر				Γ					('flianblo)
	bar		and was	amended	on (MM/DD/YYY	∞					(if applicable)
Application N	umber						enecification.	. includi	ng the cla	aim, a	s
I hereby state	that I have r	eviewed a	nd understand the c	contents of over	the above identi	illou c	poomerman	•			
amended by	any amendin	ent specin	nt to which this appl	ication app	lies.						
nave asexu	ally reproduc	in a cultiv	ated area (check thi	is box for n	ewly found plant	only))				antinuation-in-
Said pia	er the duty to	disclose it	ated area (check thi nformation which is on which became av	material to	patentability as	defin	ed in 37 CFI	R 1.56, onlicatio	including in and the	i for co	onal or PCT
1 -4	HIDA ASTE OF	THE COLLUI	uauvii ii. p						ion(c) tor	· natet	าเกษยนเบเจิบ
I hereby da	m foreign prid	ority benel	fits under 35 U.S.C. or 365(a) of any PC ow and have also ic	Tre(a) (d)	onal application	whic	h designate	d at lea	st one condication	ountry for pa	tent, inventor's
plant breeds	ers ngnus cen es of America	, listed bel	or 365(a) of any PC ow and have also id	dentified be	low, by checking	g one orafi	iling date be	fore th	at of the	applic	ation on which
or plant bre	eder's rights	certificate(ow and have also id (s), or any PCT inte	emauonai c	ррводион начи						
priority is cla	aimea.	med. lign Application limber(s)		For	Foreign Filing Date (MM/DD/YYYY)		Check Or Priorit	nly If	Certifi	ed Co	py Attached?
Prior Foreign	reign Applica Jumber(s)		Country	1			Not Clai	med	YE	<u>s</u>	NO
N						$\neg \vdash$]	
				l			片			Ī	
				١			닐		-	╡	H
			1	1						╣	닏
1			1		•						
1							UNOR attached	d hereto			
Addition	nal foreign appli	cation numb	pers are listed on a sup	plemental p	iority data sheet P	10/5	DIVED ALLACIDE				
				198	ge 1 of 2]						Any comme

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION – Plant Patent Application

Direct all correspondence to: Customer Number or Bar Code Laber		OR X C	orrespondence address below				
Fred L. Denson, Attor	rney						
14 East Main Street							
Address P.O. Box 801							
Webster		State NY	ZIP 14580				
City	(716) 265 Telephone		(716) 265-2711 Fax				
Country USA Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	Start for this ungigned inventor						
Given James P.		Family Name Val	nLaeken				
Inventor's Good Constitution of Constitution o			Date 9/21/01				
Residence: City Walworth	State NY	Country USA	Citizenship US				
Mailing Address 3242 Daansen R	oad						
P.O. Box 552							
Walworth City	NY State	14568 Zip	Country				
NAME OF SECOND INVENTOR:		A petition has be	en filed for this unsigned inventor				
Given Name		Family Name or Surname					
Inventor's			Date				
Residence: City	State	Country	Citizenship				
Mailing Address							
Mailing Address							
City	State	Zip	Country PTO/SB/02A attached hereto.				
Additional inventors are being named on the	_supplemental Addi	uonai invenior(s) sneel(s)	1 10/00/02 (0.000/00				